

Lived Experience of Vulnerability from a Gypsy Roma Traveller Perspective

Abstract

Aim To describe the lived experience of vulnerability of individuals within a Gypsy Roma Travelling community.

Background People experience vulnerability whenever their health or usual functioning is compromised. This may increase when they enter unfamiliar surroundings, situations or relationships. One's experience of vulnerability can also be heightened through interactions between the individual and the society within which they live. Gypsy Roma Travellers are often identified as vulnerable owing to increased morbidity and mortality as well as their marginalised status within society. Yet little is known of the experiences of vulnerability by the individuals themselves. Without their stories and experiences, health professionals cannot effectively develop services that meet their needs.

Design This descriptive phenomenological study sought to explore the lived experience of vulnerability in a Gypsy Roma Travelling community.

Methods Seventeen Gypsy Roma Travellers were interviewed in 2013-2014 about their experiences of feeling vulnerable. This paper reports on the findings from the depth phase in which 13 individuals were interviewed. The interviews were conducted and analysed using Giorgi's descriptive phenomenological approach.

Findings Six constituents of the phenomenon of vulnerability were identified as feeling: defined and homogenised as a group; pressurised to conform to live in a particular way; split in one's identity; a loss of one's heritage; discriminated, persecuted and threatened; and powerlessness.

Relevance to Practice There is a wealth of evidence that Gypsy Roma Travellers experience high levels of morbidity and mortality, which has led to them being identified by health professionals and policy makers as a vulnerable community. Exploring their lived experience of vulnerability presents a different perspective regarding this concept and can help explain why they may experience poorer levels of physical and mental health.

Summary Statement:

What does this paper contribute to the wider global community?

- Whilst understanding vulnerability is a key facet of nursing practice there is a lack of research studies exploring the lived experience of vulnerability. This paper addresses this gap in the evidence base.
- Gypsy Roma Travellers are identified as a vulnerable group internationally owing to the recognition of poorer health outcomes, yet there is a lack of understanding of the factors which may contribute to this. Understanding Gypsy Roma Travellers' perspectives on their vulnerability can help practitioners to understand some of the contextual factors which may contribute to poorer health outcomes.

Keywords: Qualitative Research, Phenomenology, Giorgi, Marginalised groups, Ethnic Minorities, Roma, nursing care, nursing, nurses, patient voice

Introduction

Worldwide, there are more than 100 groups of Gypsy Roma Travellers (GRT), comprising, it is estimated, around 12 million people (Van Cleemput et al. 2007). Within the United Kingdom (UK) there are officially 58,000 Gypsy Roma Travellers (Office for National Statistics 2014). However, there are arguments that the true figure within the UK is significantly higher (Rhodes 2005), as many GRT do not disclose their status for fear of discrimination. Indeed, Greenfields (2007) argues that GRT are one of the oldest minority ethnic communities within the UK, as the history of Romany Gypsies in Britain can be traced back to 1515, whilst Irish Travellers are an indigenous and distinct minority native to Ireland (Van Hout and Staniewicz 2012). 'Gypsy Roma Travellers' is an umbrella term used to reflect different types of Gypsies and Travellers including Romany Gypsies, Irish Travellers, Welsh Gypsies, Eastern European Roma, New Age Travellers, Boaties and Showmen. However, it has to be noted that the last three (New Age Travellers, Boaties and Showman) are not recognised legally within the UK as an ethnic minority group, representing a lifestyle choice rather than a distinct cultural identity.

Gypsy Roma Travellers are identified internationally as a vulnerable group within healthcare due to their marginalised status within society (Figuerola-Munoz and Ramon-Pardo 2008). As a community, they have poorer physical and mental health in comparison to their settled counterparts (Goward et al. 2006; Cook et al. 2013). Inclusion Health (Aspinall 2014) identifies that Gypsy Roma Travellers have a lower life expectancy (10-12 years), are three times more likely to be anxious, twice as likely to be depressed and have a higher number of miscarriages, still births and neonatal deaths than settled communities. They also

experience challenges in accessing healthcare due to their transient nature and a continuing lack of culturally competent services (Cemlyn 2000). However, healthcare services have a responsibility to address health inequality experienced by marginalised communities by promoting equity of opportunity in accessing healthcare. Despite this, the health gap between RGT and mainstream society remain disproportionately large leading to them being identified as 'vulnerable'. Whilst there is recognition of health difference, there has been limited attention focussing upon individual lived accounts of their vulnerability. Without understanding these, nurses and policy makers are unable to develop services which truly address their health needs in a culturally sensitive way.

Background

Spiers (2005) identifies that vulnerability is an key concept which nurses use, owing to its association with health and health problems. However, it is a poorly understood concept which Stevens et al. (1992) argue has not been well developed theoretically from nursing perspectives. Difficulties related to the understanding of the concept are reinforced by the lack of research studies exploring people's experiences of vulnerability. This may result from difficulties encountered in conducting research with what are perceived to be vulnerable groups (Rogers 1997). However, Spiers (2000) identified the need to seek and appreciate the lived experiences of those who had felt vulnerable in order to develop further understanding of this phenomenon. We have found no published studies exploring the lived experience of vulnerability of GRT and, furthermore, few studies exploring the health needs of this community. This may be because they are often hidden and defined as hard to reach (Greenfields and Home 2006). Reviewing the published, professional literature, Heaslip (2013) constructed some theoretical ways of exploring vulnerability (Figure 1). Using two models, it can be demonstrated that healthcare professionals and policy makers perceive GRT as vulnerable because they are:

- 1) A population at risk of ill health. Research within the UK includes studies on substance abuse with Irish Travellers in Ireland (Van Hout 2010b, 2011), health promotion with Welsh Travellers in Wales (Papadopoulos and Lay 2007) which identified the need to engage more actively with members of the community to ensure that cultural traditions are respected. Within England, a national epidemiological study was conducted by Parry et al. (2007) which identified that Gypsy Roma Travellers reported poorer health status over the preceding year than their age, sex matched counterparts, and were significantly more likely to have a long term illness, health problem or disability. Alongside this national epidemiological

study, a secondary study exploring health beliefs of Gypsy Travellers was conducted by Van Cleemput et al. (2007) which concluded the need for culturally appropriate services be developed to improve health needs. There is also evidence that GRT have poorer mental health (Goward et al. 2006; Parry et al. 2007) than the general population. Internationally, there has also been research undertaken with regards to health needs of this community. The majority of that being undertaken in Eastern Europe. Within Bulgaria, numerous studies have been undertaken regarding sexual health (Kelly et al. 2004; Kelly et al. 2006; Colombini et al. 2012; Amirkhanian et al. 2013) specifically focussing upon HIV and sexually transmitted infections. In addition, research by Masseria et al. (2010) reviewed data on health status of Roma and non-Roma population and found that Roma are significantly more likely to report poorer health status than their non Roma counterparts, findings which mirror the English study by Parry (2007). Another epidemiological study (Monasta et al. 2008; Masseria et al. 2010) was undertaken in five foreign Roma camps in Italy. This study explored health outcomes of children and found that their poor health could be attributed to the living conditions in the camps. Yet access to healthcare was also identified to be problematic in the Balkans (Janevic et al. 2011), Bulgaria (Rechel et al. 2009), Ireland (Van Hout 2010a; McGorrian et al. 2012), and the UK (Smith and Ruston 2013).

- 2) Gypsy Roma Travellers also experience vulnerability due to the *consequences of social interaction influenced by societal values*. Gypsy Roma Travellers are a highly marginalised community within society who often experience discrimination (McCaffery 2009). This occurs largely due to the process of 'othering'. Othering occurs when individuals distinguish themselves and the group in which they belong from others who belong to a different group (Johnson et al. 2004). In this case, being part of main stream society (or the settled community) whilst the other is 'the Gypsy Roma Traveller', this process of othering results in the 'other' being perceived in a negative light in comparison to the group in which we sit. Canales (2000) identifies to types of othering, exclusionary and inclusionary which she argues can either contribute or ameliorate an individuals' experience of vulnerability. Exclusionary othering uses the power within relationships for domination and subordination; here one group seeks to have power over another resulting in one group being marginalised, oppressed and excluded. In contrast, inclusionary othering attempts to utilise the power within relationships to build bridges, a sense of community, shared power and inclusion (Canales 2000). Not only do GRT experience discrimination within society but there is also evidence that discrimination also occurs within health services both within the UK (Cemlyn et al. 2009; Smith and Ruston 2013), as well as

internationally (Rechel et al. 2009; Janevic et al. 2011). As such the poor social status of GRT in society perpetuates the inequity they experience due to cultural exclusion which in turn compounds the poor utilisation of health services, which in turn, further extends the health inequalities they experience as a community.

Seen only from the external, professional judgements expressed above, vulnerability of Gypsy Roma Travellers due to ill health and/or as a consequence of othering within society, can lead to a reductionist negative perspective of vulnerability. It can also perpetuate a view that vulnerability somehow lies within the individual and, therefore, the individual could be blamed for their predicament absolving wider society and government of their responsibilities (Stevens et al. 1992). It is, therefore, important that nurses have an understanding of what vulnerability means from the point of view of GRT. However, there are no studies which have sought to explore this and as such their voice is missing in the professional discourse. Within the UK there is an increased commitment within healthcare services to ensure that patient' views and experiences are heard in order to enhance the quality of care provided. This has been endorsed through publications such as Equality and Excellence: Liberating the NHS (DoH 2010) which highlighted the importance of hearing patients voices stating "nothing about me without me" (Department of Health 2010; 13). Exploring and presenting perspectives of GRT, contributes to this wider healthcare agenda.

The Study

Aims

The aim of the present study was to describe the experiences of vulnerability from a Gypsy Roma Traveller community perspective.

Methods

Vulnerability is a broad and contested concept which is contextually defined. In addition, as a Gorgi (name ascribed to non-Gypsy by the Gypsy community), the researcher (first author) had limited knowledge and understanding regarding the multi-faceted experiences of vulnerability of individuals within this community. The findings presented in this paper were part of a wider study in which narrative interviews preceded a phenomenological phase of the study (Heaslip 2015). The narrative phase of this wider study identified four themes arose; one of these related to their *experience of being part of a cultural group with a threatened cultural identity and heritage*. This theme was highlighted by the participants as

being really fundamental to their experience of vulnerability and as such it was the focus for the more detailed depth phase presented in this paper.

Descriptive phenomenology was the methodological approach chosen for the depth aspect of the study as there was a desire to hear and privilege the descriptive accounts from individuals within the Gypsy Roma Traveller community. Whilst the origins of phenomenology lie within philosophy, Amedeo Giorgi has evolved Husserlian phenomenological philosophy into a scientific method of undertaking phenomenological research. The purpose of descriptive phenomenological research is to describe a phenomenon and its meanings without interpretation, explanation or construction. It is, therefore, important that the researcher does not ascribe meanings that are not there; but instead presents the richness and complexity of what is presented to them by revealing the 'essential' general meaning structures of the phenomenon, referred to as the essence and the constituents (Finlay 2009). In doing so researchers can "find insights that apply more generally beyond the case that was studied in order to emphasise what we may have in common as human beings" (Todres and Holloway 2010; p178). As already highlighted GRT are often marginalised within society through the process of othering which prioritises the differentness between Gypsy Roma Travellers and mainstream society, therefore an approach which focussed upon our shared humanness was deemed positive.

Participants

The Gypsy Roma Travelling community is recognised as a hard to reach group, distrustful of individuals outside the community. As such, recruitment of participants occurred through snowballing, through word of mouth between members of the community. Introductions were facilitated through the use of gatekeepers and these included an elderly female member of the community who was very active in promoting GRT rights within the region as well as council site wardens (as some participants lived on camp sites that were owned by the local councils). Inclusion criteria included a cultural heritage of being a Gypsy Roma Traveller as well as the ability to speak and understand English as, due to the sensitive nature of the topic, it was deemed inappropriate to use interpreters. In total 13 Gypsy Roma Travellers participated in the depth phase of the study including both men ($n=2$) and women ($n=11$); Irish Travellers ($n=6$), Romany Gypsies ($n=4$) and English Gypsy/Travellers ($n=3$). Table 1 presents the biographical characteristics of participants.

Data collection

Interviews were conducted in participants' own homes, thus respecting the nature of the naturalistic inquiry (Lincoln and Guba 1985). Within phenomenological research the

interviews are semi-structured and incorporate an 'experience near question' inviting participants to share concrete descriptions of the chosen phenomena (Todres and Holloway 2004), in this case it was their experiences of vulnerability related to their GRT culture. The experience near question used was:

"I am interested in a certain kind of vulnerability that is linked to being part of a group whose cultural ways are being threatened. I would really like to understand this further. Tell me about stories/times in your life when your Gypsy/Traveller ways felt somehow challenged or threatened or not easy and what this meant to you".

Ethical consideration

Research Ethics committee approval was granted for the study by the Universities research committee. Other ethical considerations related to literacy, McCaffery (2009) estimates that around 70-80% of the adult Gypsy community are illiterate. In order to ameliorate potential literacy issues, both written and verbal information on the study was provided and verbal consent was obtained and recorded, a practice promoted by the ESRC (2010).

Data analysis

The data from the interviews were analysed following Giorgi's three-step descriptive phenomenological method (Giorgi and Giorgi 2003; Giorgi 2009). Firstly, the data were transcribed verbatim and each individual transcript was read in order to get a sense of the whole description of the individual's account. Next, transcripts were broken down into meaning units. This involved the whole transcript being re-read from the beginning and every time there was a shift in meaning a mark was noted in the written transcript. This continued until the whole raw data was broken down into meaning units which were embedded into a table for the next stage of analysis. Integral to this was the need to focus upon the data with a phenomenological attitude, which Finlay (2011) identifies as a willingness to put aside one's perspective of seeing the phenomenon with fresh eyes, to be open to see what has not been seen before, a process referred to as bracketing. Lastly, there was the transformation of the participants' lived accounts into phenomenologically sensitive expressions revealing the nature of their vulnerability. In this step there was a return to the beginning of the description which had been sectioned into meaning units. Each meaning unit was then reviewed again, exploring them to identify how to express the life-world description of vulnerability in more suitable ways. In order to achieve this, the process of free imaginative variation was used, dwelling with the transformed meaning unit to discover the

psychological meanings being lived by the participant, and in descriptive phenomenological terms revealing the nature of their vulnerability.

Rigour

Trustworthiness of the data was established through paying attention to the development of trust between the researcher and the participants which led to the participants being able to share private, honest in-depth information that reflected their lived experience of vulnerability. For some participants trust was established very quickly, whilst for others this occurred over a couple of meetings. A clear articulation of the research journey was recorded, shared and discussed with academic supervisors. Transferability relates to the extent to which research findings can be transferred from one context to another. As such we cannot claim any generalizability of the findings, but posit that it is the reader ultimately who will decide upon the applicability of the findings to their own practice or domain.

Findings

Two men and eleven women were interviewed in the depth phase of the study, their ages ranged from 17 to 78 years. Six constituent structures of vulnerability related to Gypsy Roma Travellers' *experience of being part of a cultural group with threatened cultural identity and heritage* were identified (Figure 2). Interview excerpts have been included to illustrate the perspective of the participants, when these have been included a pseudonym has been used.

The constituents

Constituent 1: Vulnerability due to feeling defined and homogenized

Each type of Gypsy Roma Traveller has a distinct culture and value base. However, the participants felt mainstream society defined them as homogenous group rather than the individual cultural identity of the particular GRT group to which they belonged. They expressed a desire to be viewed as their distinct group with a unique cultural identity of English, Irish Travellers, Romany or English Gypsy. Instead they felt they are treated as a homogenous group by society which categorises all Gypsy Roma Travellers as the same, resulting in their uniqueness becoming invisible. Within this sense of homogeneity, the participants identified that as Gypsies and Travellers they are negatively perceived and judged by the perception of the actions of the whole community rather than as individuals themselves:

Gypsies all get classed the same ...we're getting classed all the same. And still, in the Gypsy community, there are many different Gypsies. There's the English Gypsy. There's the Irish Traveller. And then, you get like the hippies and the like...like new age and stuff that isn't from the Gypsy community – Alanna (Romany Gypsy).

It's like if one Traveller does something wrong we are all tarred with the same brush instead of just saying "Well, that one has done wrong." Like I said, if one does wrong, like I said if at a club and that one does wrong then throw them out. But don't throw me out when I have never ever done anything. I've never caused trouble. I've never been in trouble in my life. Do you know what I mean? That's what upsets me I think – Orla (Romany Gypsy).

Constituent 2: Feeling pressurised to conform to live a particular way

The second constituent of vulnerability identified was feeling pressurised to live a particular way. Feeling pressurised to conform is reflected in the participants' feelings of a lack of control over their own lives and destiny. There is an inability to live the life that previous generations have, due to restrictions imposed upon them from wider society. They feel they are unable to follow a nomadic lifestyle (due to legislative changes in the UK which make it illegal to pitch a wagon at the side of the road) or to follow their cultural norms freely. Being able to travel (be nomadic) was vital to participants, many of whom spoke of loving the sense of freedom that travelling on the open road provided for them. This was not only freedom in a physical sense due to the open road and being out in the physical world as there was also a psychological feeling of being free, having the freedom to decide where and when to stop and when to move on. Travelling was not just a simple activity that they did, rather it was an integral part of who they were; an embedded aspect of their culture and their self-construction as Gypsies and Travellers. Not being able to travel meant that they were living inauthentically and were somehow invisible within mainstream society as their norms and cultures were not recognised and valued.

..It's a way of life; you're born to be that way...– Dena (Irish Traveller).

.. I would love to be on the road, right this minute... sense of freedom ... it makes you feel different because you're doing the things that you used to years ago - Johnny (Romany Gypsy).

...all we want to do really is to go out and travel ...whatever we've been fetched up to do...and when you're forced not...you are forced not to do it - Rawnie (Romany Gypsy).

Constituent 3: Feeling a split in one's identity

These societal changes (reduced freedom to be nomadic), as well as legislation changes regarding ability to travel and regarding the amount of days RGT have to be in school education led the participants to have more of a settled lifestyle (staying in the same place). These cultural changes and erosion of their cultural identity led the participants to feel split in their identity. This was particularly apparent in the women in their community. Seven participants identified traditional gender roles within the Gypsy Roma Traveller community (the man being responsible for working and the females being responsible for the home and raising children). Two of the participants, for example, discussed further education and paid employment outside of the community and how these opportunities led to conflict both within and outside of their community. This left them feeling split between their own traditional cultural identity as Gypsy Roma Traveller women and young women within wider society.

.... it's easier for travelling girls now. They've got more ambition to do things and they know they're allowed to...but years ago, like, it was just an abnormal thing to do— Nadya (Irish Traveller).

...I think a woman, definitely a woman, should have their own independence some way or another...I don't think college is a bad thing, and the job, I think that's good to have...but not your ways...they shouldn't change because that's who we are...It's what we have in our blood – Rawnie (Romany Gypsy).

Constituent 4: Feeling a loss of one's heritage

One of the strongest aspects that came from the study was a feeling from participants that their way of life was being eroded; they were unable to live a life which hundreds of their ancestors had done before them. They felt that were increasingly becoming settled, not through choice but because of cultural changes being imposed on them by mainstream society. This resulted in a feeling that their way of life as Gypsies and Travellers was coming to an end. At the heart of this was the inability to travel, be nomadic and follow their cultural norms as identified in the second constituent (vulnerability of feeling pressurised to conform to live a particular way) resulting in the vulnerability experienced due to feeling split in one's identity (third constituent). There was a real sense from the participants that not only will the future see no Travellers on the road but there would also be no Traveller sites. Instead they will be forced to live in bricks and mortar. This contributed to their sense of vulnerability, due to a loss of their heritage and their way of life, leading to the eradication of their people:

Well, it's all changed; because there are no Travellers on the road...they're all on the sites – Daisy (English Traveller).

It's just completely gone, give it another, not even 10 year and you won't see a Traveller, you won't see them on the road anyway – Jimmy (Irish Traveller).

I think Gypsies will be a bit like dinosaurs...dead and gone – Alana (Romany Gypsy).

Constituent 5: Feeling discriminated, persecuted and threatened

This research clearly identified that Gypsy Roma Travellers are experiencing discrimination on the basis of their cultural identity. All participants had experienced racism in some form. For some, it was being refused entry into pubs and clubs simply because they were Gypsies and Travellers; for others it was verbal abuse such as name-calling whilst others experienced physical violence. The basis of the discrimination experienced by participants was their ethnicity (as GRT) however they felt unable to challenge this as they perceived that racism against GRT is widely accepted within society even though they highlighted it would not be tolerated with regards to other ethnic minority groups.

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They said, "You're not coming in." I said, "Why is that?" "Because you're a Gypsy." "So, you're telling me I can't come in because I'm a Traveller?" He said, "Yeah." - Orla (Romany Gypsy).

...every time you're on the road, you have things chucked at ya, stones chucked at ya...you have big bricks put through your window – Rawnie (Romany Gypsy).

...you get people coming by shouting and hollering, "Gypsy" and "Pikey", with their horns going – Johnny (Romany Gypsy).

I mean, if it was a black man, they couldn't say 'No blacks', could they? ...they wouldn't be able to say to them what they say to us and get away with it, or any other ethnic minority. They just wouldn't get away with it. They'd get locked up. But it's alright for them to do it to us – Johnny (Romany Gypsy).

All of the participants expressed a sinister undercurrent to the recent legislative changes and the forced adaptation into a more settled culture. For them, this reflected cultural genocide; the eradication of their culture by wider society. The participants made comparisons between cultural genocide and the physical genocide that occurred during the Holocaust. Yet there was also a sense that they were powerless to stop this death of their people, the eradication of their way of life:

The way I look at it, they're trying to wipe out the Travellers all together – Jimmy (Irish Traveller).

I think they're trying to do something what Hitler tried to do, really: ethnic cleansing. I think they're trying to drive us all into the sea and say, "That's it, you know, end of that."— Johnny (Romany Gypsy).

Constituent 6: Powerlessness

The last constituent related to a sense of powerlessness regarding their future, of having no voice. This lack of voice related to not being heard in wider society as well as by public services such as education, police, political services or healthcare. This led them to feeling vulnerable in that they were unable to influence their own future instead decisions were being made about them and for them from people who did not understand their cultural norms and beliefs. This sense of powerlessness is manifested in their belief they have no choice but to accept discrimination that this is the way it is and that public services do not really take action against it. This leads them to feeling resigned regarding their experiences and future. One of the participants Dena (Irish Traveller), a mother and grandmother verbalised that she was accustomed to being treated negatively because of her Traveller status stating *"I don't mind, I've gotten used to it....Followed round, we accept that wherever we go"*. However, later in the interview she indicated that she does not go into the local village and socialise because she knows she is not wanted and says *"We don't go anywhere. My nerves can't keep taking it"*. This suggests, that contrary to her earlier statements in which she identifies it does not bother or affect her, at a deeper level it does, perpetuating her sense of vulnerability and resulting in her restricting her activities to avoid experiencing this. It is almost as if thinking about it is overwhelming and therefore in order to protect herself from the hurt she tries to brush it aside and not think about it.

This feeling of powerlessness, referred to as *"it is how it is"*, is shared among the community as children are often brought up not to challenge these negative perceptions for fear of further reprisals. Dena acknowledges she told her own *children "not to bother as we's be the ones which would be arrested...they won't be arrested and we'd be arrested. It's not worth it so we tell them to ignore it"*. Girlie (Irish Traveller), another mother, acknowledges *"every Traveller you talk to, every one of them will just say, just accept it"*. This powerlessness perpetuates the discrimination and therefore vulnerability.

The Essence of vulnerability

At the heart of the descriptive phenomenological method is to derive at the essence of the phenomenon, the aspects that are invariant across specific situations (Todres and Holloway 2004). Distilling the content of the six constituents of the phenomenon, leads to the

conclusion that the essence of *vulnerability as a Gypsy or Traveller* means to become invisible existentially within a world of mainstream society; it is associated with feelings of being lost with no direction and no future. In addition, to having no future one almost also has no present; as one is living in a world which sometimes discriminates, persecutes and threatens you, making you feel as though you are not human, something which must be eradicated and destroyed. Yet all that is wanted is to be left alone to live the life one wants to live. Instead one is pressurised to conform to live a particular way and this contributes to a sense of loss of one's heritage. As such one cannot live authentically, in a way that is important, and follows the path laid out by ancestors. Resulting in a split in one's identity towards a shifting identity, being forced to adapt and change towards a culture whose values are at odds with one's own. Yet there is little voice to challenge or question this, as no one listens and it feels as though no one cares because the structures imposed reflect and are written by the world which is forcing one to adapt.

Discussion

It is evident that the lived experiences of vulnerability articulated by individuals within the Gypsy Roma Travelling community, offered a different perspective to the normatively identified perspectives of vulnerability presented by people outside of the community. Normative perspectives tend to focus on the risk of wounding and harm, using epidemiological factors of poorer health outcomes and higher morbidity and mortality (Goward et al. 2006; Parry et al. 2007). This leads to the identification of Gypsy Roma Travellers as vulnerable and therefore in need of protection. The lived experience of vulnerability in contrast focuses on what it is like to be vulnerable, instead of the label of whom or what one is.

At the heart of what it is like to be vulnerable for Gypsy Roma Travellers was the notion of a changing identity, a move away from traditional cultural values. This changing identity occurred not through choice but due to external factors forced upon them leading to the majority of Gypsy Roma Travellers living in-authentically. They fail to express *"emotions in such a way that is consistent with the conscious awareness of physiological states, emotions, beliefs and cognitions. In other words authentic living involves being true to oneself in most situations and living in accordance with one's values and beliefs"* (Wood et al. 2008; P386). This shift in identity is not unique to the UK, with Zsuzsa (2012) identifying related themes in Romanian travellers. This suggests that this sense of vulnerability may be shared across international contexts.

Gypsy Roma Travellers were expected to confirm to living a sedentary lifestyle due to restrictions placed upon them with regards to travelling. Guignon (2004) argues that feelings of authenticity, or inauthenticity in our GRT sample, is not only related to what one believes and feels, but more importantly it is about being able to honestly express those beliefs and feelings. Therefore authenticity is far greater than just at a personal level. It is also influenced at a social and societal level. Inauthenticity involves worrying about fitting in and being a well-adapted member of society. Guignon (2004; 162) further argues that one can only feel authentic in a *“world which recognises individual talents, respects differences, provides equal opportunity, acknowledges the value of criticism and unpopular ideas and ensure there are no obstacles to freedom of expression”*. This research shows that this freedom of expression is denied to the Gypsy Roma Traveller population and that they feel they are trying to live authentically but in an inauthentic world. It is the world in which they live which forces them into inauthenticity.

This study also highlighted that Gypsy Roma Travellers continue to experience racism despite being protected under race legislation, making it a criminal offence to discriminate against them on the basis of their ethnicity. However, the findings from this research clearly demonstrate that this legislation does not protect them from experiencing racism on a day-to-day basis. Furthermore, there was recognition that the racism they experienced would not be tolerated against any other racial group. Perhaps skin tone is a contributory factor as people in mainstream society may behave in this way, not equating discriminatory behaviour towards a fellow white person as racist (Chakraborti 2010). The findings support that of Smith and Ruston's (2013) and Cemlyn et al. (2009) who also report Gypsies and Travellers' anxiety during encounters in their local communities due to direct discrimination and fear of discrimination. Many of them reduce their levels of social engagement within the wider community as a result. This, however, may perpetuate this sense of not belonging and/or split identity. Theodosiou (2003), utilising Probyn's perception of be-longing, sees belonging as both being and longing. Using this perspective, Gypsy Roma Travellers can *be* in the world but do not necessarily find themselves *belonging* in it. They are not accepted for whom they are and this results in the response of hiding one's identity through fear of persecution. This hiding response is not just isolated to Gypsies/Travellers living in the UK but also prevalent in Europe more generally (Grönfors 1982; Okely 1983). Hiding and keeping to one's own kind leads to self-segregation contributing to a wider sense of mistrust between the two communities. This lack of trust fosters a sense of powerlessness in having control over one's own future which in turn leads to vulnerability.

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There is a resonance between these findings of GRT feeling forced to live in-authentically due to imposed cultural change and the experiences of other indigenous groups such as Aborigines in Australia (Delauney 2013), First Nations, Inuit and Metis in Canada (Shantz 2010), Adivasis in Bangladesh (Khan and Samadder 2012) and Kuy in Cambodia (Swift 2013), all have been forced to adapt to living in ways at odds with their own cultural identity. Gypsy Roma Travellers in our study perceived their way of life was under threat by those in the settled community and that they were being eradicated. These feelings have been expressed by other indigenous communities who also feel as though they are being forced to adapt their traditional cultural heritage in light of wider societal norms (Khan and Samadder 2012; Swift 2013). What is interesting is that these other indigenous groups going through enforced cultural change have similar poor health outcomes to Gypsies/Travellers in terms of higher physical and mental illness in comparison to the wider settled population (Shantz 2010; Delauney 2013). This suggests that being forced to live inauthentically has health implications.

Limitations

We have noted earlier that we do not, claim any generalizability of the findings, but suggest it is ultimately the reader who will decide upon the applicability of the findings to their own practice or domain. Another limitation of the study was that the study did not specifically focus upon health vulnerability *per se* and therefore specific questions regarding health were not asked however it is evident that their lived experiences of vulnerability impact upon their health and therefore this is an area worthy of future research. Lastly, it must be acknowledged that the sample included an overrepresentation of female participants and this occurred as the researcher was female.

Conclusion

Exploring the lived experience of vulnerability offers a richer, broader perspective of vulnerability. Whilst the external, normative perspective of vulnerability of Gypsy Roma Travellers was often linked to a notion of wounding and harm, the lived experience in contrast was linked to an internal and existential experience, such as suffering and a lack of freedom. It is vital that nurses are aware of Gypsy Roma Traveller's experiences if they are to work with Gypsies and Travellers in a meaningful way in order to address their on-going health needs. Key to this is a greater appreciation of Gypsy Roma Traveller culture, and a willingness to work within these boundaries. Further research is required exploring the experiences of Gypsy Roma Travellers within a hospital setting, as well as nurses'

understanding and perceptions of Gypsy Roma Travellers in order to have a better understanding of what else needs to be done to address health inequalities experienced by this community.

Relevance to Clinical Practice

There are long-term health implications of living inauthentically. Authenticity is identified by (Wright 2008) as a corner-stone of mental health as it is linked to self-esteem and coping skills. Research by Satıcı et al. (2013) identifies a correlation between in-authenticity and psychological vulnerability. As Gypsies/Travellers are three times more likely to have anxiety, and more than twice as likely to be depressed (Parry et al. 2007), the current study suggest that it is inauthentic living that may be a factor that explains these health issues. The response to these challenges needs to be multi-faceted. For nurses, it is important they acknowledge and appreciate these wider societal pressures and ensure that services developed are culturally sensitive. They also need to be aware that Gypsy Roma Travellers are experiencing stresses related to a shifting cultural base and therefore be aware and look for signs of mental illness such as anxiety/depression and take appropriate action.

The study also found that discrimination and racism against Gypsies and Travellers is prevalent within wider society. Nurses whilst bound by professional codes of practice are also members of society, and therefore it is important that we as a nursing community examine our perceptions and beliefs. In order to address this, equality and diversity training and education should recognise Gypsy Roma Travellers as a distinct ethnic minority and stress that discrimination against individuals in this community is perceived as racism.

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Figures

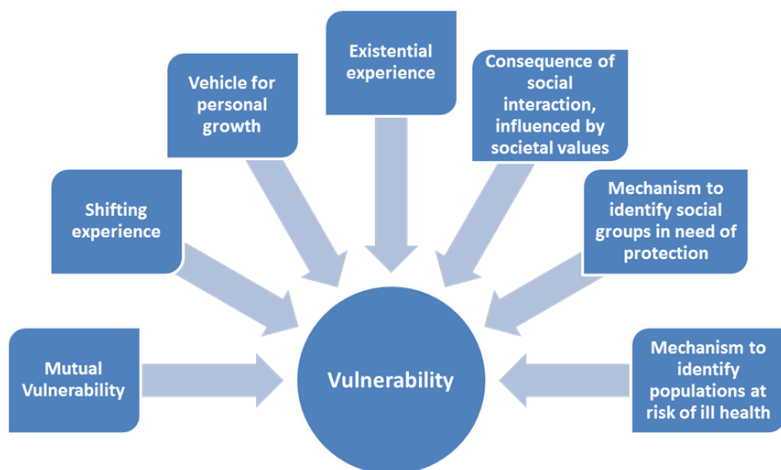


Figure 1 Theoretical Perspective of Vulnerability (Heaslip 2013)

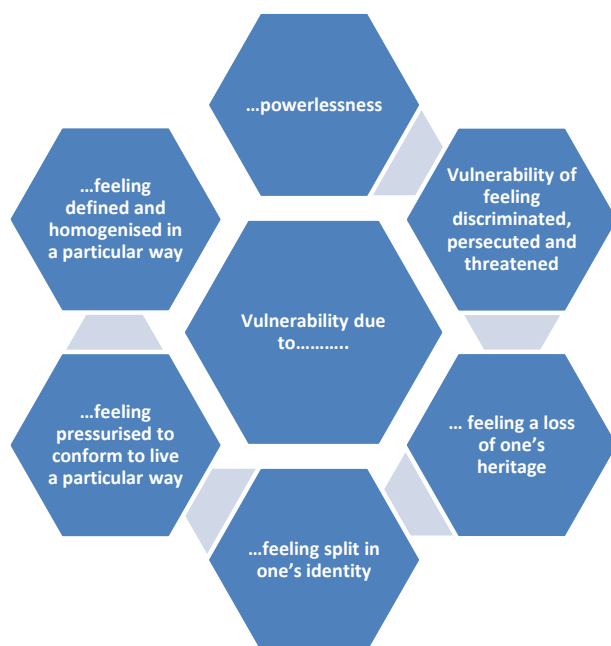


Figure 2 Constituents of Vulnerability experienced by Gypsies and Travellers

Tables

Table 1

	Pseudonym	Age	Type of Gypsy/Traveller	Gender	Accommodation Type	Marital Status
1.	Jimmy	59	Irish Traveller	Male	Permanent Owned Site	Married
2.	Dena	50s	Irish Travellers	Female	Permanent Owned Site	Married
3.	Johnny	65	Romany Gypsy	Male	Council Maintained Site	Married
4.	Cora	65	English Gypsy	Female	Council Maintained Site	Widowed
5.	Nadya	20	Irish Traveller	Female	Council Maintained Site	Married
6.	Layla	21	Irish Traveller	Female	Council Maintained Site	Divorced
7.	Girlye	17	Irish Traveller	Female	Council Maintained Site	Engaged
8.	Daisy	78	English Traveller	Female	Council Maintained Site	Widowed
9.	Rawnie	23	Romany Gypsy	Female	Council Maintained Site	Married
10.	Shauna	36	English Traveller	Female	Council Maintained Site	Co Habiting
11.	Orla	35	Romany	Female	Council Maintained Site	Married
12.	Lizzie	37	Irish Traveller	Female	Council Maintained Site	Married
13.	Alanna	30	Romany Gypsy	Female	Council Maintained Site	Divorced